

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71652	3/18/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Date
Final Original	
1 1	7/10/05
2 2	✓
3 3	✓
4 4	✓
5 5	✓
6 6	✓
7 7	✓
8 8	✓
9 9	✓
10 10	✓
11 11	✓
12 12	✓
13 13	✓
14 14	✓
15 15	=
16 16	=
17 17	=
18 18	✓
19 19	✓
20 20	=
21 21	=
22 22	=
23 23	✓
24 24	✓
25 25	✓
26 26	✓
27 27	✓
28 28	✓
29 29	✓
30 30	✓
31 31	✓
32 32	=
33 33	✓
34 34	=
35 35	✓
36 36	✓
37 37	✓
38 38	✓
39 39	=
40 40	=
41 41	=
42 42	✓
43 43	✓
44 44	✓
45 45	✓
46 46	✓
47 47	✓
48 48	✓
49 49	✓
50 50	✓

Claim	Date
Final Original	
50 51	✓
51 52	✓
52 53	✓
53 54	✓
54 55	✓
55 56	✓
56 57	✓
57 58	✓
58 59	✓
59 60	✓
60 61	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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